

RECEIVED  
CENTRAL FAX CENTER

Serial No.: 09/579169  
Attorney Docket No: 120-275

DEC 20 2004

**CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence is being facsimile transmitted to the  
United States Patent and Trademark Office at number (703) 872-9306

December 20, 2004  
date



Signature

Holmes W. Anderson, Reg. No. 37,272

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal x 2            2 pages  
Change of Correspondence 1 page  
Amendment                24 pages  
Drawings                    18 pages

Total including this sheet            46 pages

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	09/579169
		Filing Date	05/25/2000
		First Named Inventor	Firoiu
		Group Art Unit	2128
		Examiner Name	Phan
Total Number of Pages in This Submission		Attorney Docket Number	120-275 2204/196
		Nortel Ref.	BA0456

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) Figs. 1-18B <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks	Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	<i>H. W. Anderson</i>
Date	December 20, 2004

CERTIFICATE OF MAILING OR FACSIMILE	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:	
Type or printed name	Carol Ann Mahoney
Signature	<i>Carol Ann Mahoney</i>
Date	12/20/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box



PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/579169
	Filing Date	05/25/2000
	First Named Inventor	Firolu
	Group Art Unit	2128
	Examiner Name	Phan
Total Number of Pages in This Submission	Attorney Docket Number	120-275 2204/198
	Nortel Ref:	BA0456

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) Figs. 1-18B	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input checked="" type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	<b>Please charge any fee deficiency or credit any overpayment to Deposit Account No. 502569.</b>
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Holmes W. Anderson, Reg. No. 37,272 Steubing McGuinness & Manaras LLP
Signature	
Date	December 20, 2004

CERTIFICATE OF MAILING OR FACSIMILE			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, Alexandria, VA 33212 or being facsimile transmitted to the United States Patent and Trademark Office at number (703) 872-9306 on the date below:			
Type or printed name	Carol Ann Mahoney		
Signature		Date	12/20/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/122 (10-01)

Approved for use through 10/31/2002. OMB 0651-0035  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>CHANGE OF CORRESPONDENCE ADDRESS Application</b>  Address to: Commissioner for Patents Alexandria, VA 22313	Application Number	09/579169
	Filing Date	5/25/2000
	First Named Inventor	Fivion
	Art Unit	2128
	Examiner Name	Phan
	Attorney Docket Number	120-275

Please change the Correspondence Address for the above-identified application to:

☒ Customer Number 34845  
Type Customer Number Here

OR

34845  
PATENT TRADEMARK OFFICE

<input type="checkbox"/> Firm or Individual Name	Steubing McGuinness & Manaras LLP				
Address	125 Nagog Park				
Address					
City	Acton	State	Acton	ZIP	01720
Country	USA				
Telephone	978-264-8664	Fax	978-264-9119		

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed  
Name

Holmes W. Anderson, Reg No 37272

Signature

H. W. Anderson

Date

December 20, 2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.